

**Report of the SPRING 2000 Member Survey
Society of Directors of Research in Medical Education
(SDRME)
North American Units**

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Response to Survey

The SDRME Executive Committee conducted a membership survey during the Spring and Summer of 2000. The survey was sent to the 54 directors of units in North America listed on the web page, of whom 46 (85%) responded. The survey asked for the identification of the respondent to facilitate follow-up. One follow-up mailing and one follow-up email request were sent in May and June, 2000, respectively. In addition, a request to complete and return surveys was made at the Annual SDRME meeting in July, 2000.

Purpose of Survey

The purpose of this report is to present the results of the sixth bi-annual survey of SDRME members.

Composition of Survey

The survey was composed of seven sections:

- Organizational Structure
- Unit Activities
- Unit Funding Structure
- Unit Director and Personnel
- Scholarship
- Unit Professional Service Activities at National Level
- Educational Programs

The results will be presented separately for each section.

Technical Notes:

Percentages were calculated based on the number of units responding to a particular item, unless otherwise noted. Total percentages may not equal 100% due to rounding error and/or to the possibility of multiple answers within an item.

Currency: Monetary figures reported in Canadian dollars were converted to United States dollars for ease of comparison. The conversion rate used was: 1.00 Canada dollars = 0.67 United States dollars. (Per Universal Currency Converter™ Results by Xenon Labs; rate as of July 6, 2000; rate confirmed August 25, 2000 for those surveys returned during July and August.)

Salaries and full-time-equivalent (FTE): Salaries were calculated based on the projected salary for someone at 100% FTE. For example, if a staff member earned \$25,000 a year for working 50% time, we used \$50,000 (the FTE salary) as his/her salary.

I. Organizational Structure of the Unit

The first question asked for the name of the unit. The categories and the percentage of units in each of five categories are shown in Table 1.

Table 1. Unit Name

<u>Name</u>	<u>N</u>	<u>Percentage</u>
Center	6	13
Department	2	4
Division	9	20
Office	28	61
Other or Not Specified	1	2

By far, the most common unit title was Office (61%), followed by Division (20%) and Center (13%).

The next question requested the title of the lead person in each unit. The main titles listed and the percentage of respondents reporting each are shown in Table 2.

Table 2. Title of Lead Person

<u>Title</u>	<u>N</u>	<u>Percentage</u>
Director (at a Sub-Program level)	28	64
Associate or Vice Dean	2	5
Assistant Dean	6	14
Director [or Asst VP] + Assoc Dean	4	9
Other	4	9

Director (64%) was the most common title. Twelve respondents (28%) had the title of Assistant Dean or higher.

The next question requested the titles of administrative subordinates in the unit. Nineteen respondents (41%) had at least one administrative subordinate within the office, ten units had 2, and two had 3 subordinates, for a total of 31 administrative subordinates across units.

The most frequently listed titles of administrative subordinates were (Sub-Program) Director (18, 58%) and Dean (5, 16%). The following titles were listed fewer than three times: Associate Professor, Professor, Chair, Manager/Business Manager, Coordinator, Associate Director.

The last question in this section asked for the administrative title(s) of the individual to whom the lead person reports. Table 3 shows the results.

Table 3. Administrative Title of Person to Whom Lead Person Reports

<u>Title</u>	<u>N</u>	<u>Percentage</u>
Dean	13	32
Senior (or Executive) Associate Dean	8	20
Associate Dean	8	20
Vice Dean	4	10
Director (Executive, other)	2	5
Associate Vice Chancellor	2	5
Vice President (or equivalent)	1	2
Vice President + [Assoc. Dean, Dean, or Exec. Assoc. Dean]	3	7

Unit heads most often reported to one of the Deans. Thirteen (32%) unit heads report directly to the Dean, eight (20%) to a Senior or Executive Associate Dean, eight (20%) to an Associate Dean, and four (10%) to a Vice Dean.

In summary, 61% of the units are called Offices, 64% of the units have lead persons with the title of Director, and about 93% of the unit directors report to a senior administrative officer with a title of Associate Dean or above.

II. Educational Activities

This section listed 91 educational activities broken down into seven groups: research areas, service areas, evaluation areas, workshop audiences, consultation areas, teaching audiences, and teaching areas. Units were asked to indicate all activities in which they participate on a regular basis and to designate the activities they considered to be key roles they filled at their institutions. Table 4 shows the number and percentage of all respondents (N=46) who reported involvement in each activity.

Table 4

Activities in Which Unit is Involved

#	<u>Activity</u>	<u>Participated</u>		<u>Key role</u>	
		<u>N</u>	<u>(%)</u>	<u>N</u>	<u>(%)</u>
Research Areas					
1	None	1	2	--	--
2	Student selection	14	30	5	11
3	Instructional design	31	67	11	24
4	Curriculum	43	94	24	52
5	Institutional research	21	46	10	22
6	Medical informatics	15	33	5	11
7	Patient simulations	21	46	8	17
8	Faculty careers	13	28	6	13
9	Chronic diseases	3	7	2	4
10	Disease prevention	4	9	1	2
11	Patient education	7	15	4	9
12	Clinical decision making	8	17	3	7
13	Student assessment approaches	37	80	23	50
14	Computer-based education applications	29	63	9	20
15	Assessment of competencies	34	74	18	39
16	Health economics	2	4	1	2
17	Standardized patients	27	59	13	28
18	Continuing education	16	35	5	11
19	Other	10	22	2	4

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#	<u>Activity (continued)</u>	<u>Participated</u>		<u>Key role</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
20	None	1	2	--	--
21	Computer classroom/lab administration	10	22	5	11
22	Data analysis/statistics/data base	34	74	24	52
23	Computer support	13	28	4	9
24	Committees/task forces	43	93	32	70
25	Test scoring	23	50	16	35
26	Test administration	17	37	9	20
27	Performance based assessment	28	61	15	33
28	Media production	8	17	3	7
29	Printing/copying/duplication	8	17	3	7
30	Medical illustrations	4	9	2	4
31	Photography	3	7	3	7
32	Graphics production	7	15	3	7
33	Minority student recruitment	7	15	5	11
34	Curriculum planning/administration	39	85	26	57
35	Academic development and support	28	61	14	30
36	Administration of OSCEs	24	52	18	39
37	Standardized patient program administration	19	41	18	39
38	Other	6	13	4	9

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#	<u>Activity (continued)</u>	<u>Participated</u>		<u>Key role</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Evaluation Areas					
39	None	0	0	--	--
40	Faculty	30	65	19	41
41	Students	34	74	19	41
42	Program	42	91	26	57
43	Curriculum	43	93	33	72
44	Other	3	7	1	2
Workshop Audiences					
45	None	0	0	--	--
46	On-campus faculty	43	93	27	59
47	Community faculty/preceptors	31	67	12	26
48	Students	21	46	8	17
49	Administration	16	36	1	2
50	Off-campus audiences	29	63	6	13
51	Other	4	9	0	0
Consultation Areas					
52	None	0	0	--	--
53	Research design	35	76	15	33
54	Curriculum design	39	85	25	54
55	Data analysis/statistics	30	65	16	35
56	Instructional design/strategies	36	78	19	41
57	Testing & measurement	35	76	15	33
58	Computer-based education	25	54	8	17
59	Evaluation	45	98	32	70
60	Peer reviews (manuscripts, papers, grants, etc.)	31	67	7	15

#	<u>Activity (continued)</u>	<u>Participated</u>		<u>Key role</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Consultation Areas (continued)					
61	Academic planning	17	37	5	11
62	Grant development and administration	31	67	15	33
63	Institutional retreats	17	37	5	11
64	Other	1	2	0	0
Teaching Audience					
65	None	2	4	--	--
66	Undergraduate college students	6	13	3	7
67	Medical students	31	67	9	20
68	Medical residents	27	59	4	9
69	Medical fellows	19	41	3	7
70	Graduate students	14	30	6	13
71	Non-medical health professions students	11	24	0	0
72	Clinical faculty	34	74	12	26
73	Preceptors	23	50	9	20
74	Other	5	11	0	0
Teaching Areas					
75	Medical humanities	8	17	5	11
76	Statistics	14	30	3	7
77	Computer applications	13	28	3	7
78	Educational methods	35	76	25	54
79	Basic sciences	2	4	0	0
80	Clinical education	13	28	6	13
81	Clinical decision making	9	20	3	7
82	Health economics/policy	2	4	1	2

#	<u>Activity (continued)</u>	<u>Participated</u>		<u>Key role</u>	
		<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Teaching Areas (continued)					
83	Research skills	27	59	13	28
84	Disease prevention	1	2	0	0
85	Patient education	5	11	1	2
86	Enrichment programs	6	13	3	7
87	Academic skills	17	37	11	24
88	Faculty development	36	78	26	57
89	International medical education	10	22	2	4
90	Test taking/preparation	15	33	5	11
91	Other	6	13	2	4

The most frequently checked items were:

- Evaluation consultation (98%)
- Curriculum research (94%)
- Curriculum evaluations (93%)
- Service on committees and task forces (93%)
- Workshops for on-campus faculty (93%)
- Program evaluations (91%)
- Curriculum planning/administration (85%)
- Curriculum design consultations (85%)
- Research on student assessment approaches (80%)

The activities considered key roles by over two-thirds of the respondents were:

- Curriculum evaluation (72%)
- Evaluation consultations (70%)
- Service on committees and task forces (70%)

These key roles, plus eight other key activities listed by at least 50% of the units, are shown in Table 5.

**Table 5. Activity Summary Table:
Most Frequently Selected “Key” Unit Activities**
(sorted by percentage who said it was a key activity)

<u>Activity</u>	<u>Participated (%)</u>		<u>Key role (%)</u>	
Most frequently chosen “key” activities:				
Curriculum evaluation	43	(93)	33	(72)
Evaluation consultations	45	(98)	32	(70)
Service on committees and task forces	43	(93)	32	(70)
Eight additional items, listed by at least 50% of respondents:				
Workshops for on-campus faculty	43	(93)	27	(59)
Curriculum planning/administration services	39	(85)	26	(57)
Program evaluation	42	(91)	26	(57)
Consultations on curriculum design	39	(85)	25	(54)
Teaching Educational Methods	35	(76)	25	(54)
Curriculum research	43	(94)	24	(52)
Data analysis/statistics/database services	34	(74)	24	(52)
Research on student assessment approaches	37	(80)	23	(50)

In sum, the most frequent activities reported by units involve curriculum activities (research, design, planning/administration, and evaluation), evaluation activities (curriculum and program evaluation and consultation on other evaluations), committee service, and assistance in areas such as statistical analyses and providing workshops for faculty.

III. Funding for Fiscal Year 1998-00

The first part of this section asked about funding mechanisms for the units. Of the 46 units responding, 35 (76%) begin their fiscal year in July. April (4 units, 9%) and September (3 units, 7%) are the next most common months. The most recent fiscal year began in 1999 for 43 (74%) units and in 2000 for 10 (22%) units. The unit lead person controlled the budget in 30 (65%) units. The budget was controlled by the person to whom the lead reports for 14 units (30%).

The second part asked for the total budget for fiscal 1999-00 and sources of unit support. Table 6 shows the total budget and the percentages of unit support that came from four different sources. (Budgets reported in Canadian dollars were converted to US dollars before being analyzed. See technical notes on page 2 for details.)

Table 6. Sources of Support

	N	Min	25%	50%	75%	Max	Mean	SD
Total Budget *	37	\$2	\$425	\$587	\$947	\$4,022	\$956	\$1,022
Sources (%):								
<i>'Hard' University funds**</i>	43	0%	59%	76%	99%	100%	72%	27%
<i>Grants & Contracts</i>	36	0%	0%	12%	30%	85%	19%	20%
<i>Grants & Contracts awarded to other depts.</i>	34	0%	0%	2%	10%	30%	5%	7%
<i>Recharge/ Charge back</i>	30	0%	0%	1%	9%	88%	10%	22%

* U.S. dollars x 1000.

** In one case, hard funds were received from both the university and from a hospital

The median percentage of support from 'hard' university funds was 76%. The sum of median values across sources only totals to 91%, substantially short of the 100% one would anticipate. This is due to the wide variation in the distribution of support between the different sources. The mean dollar amounts also reflect the distributional anomaly.

Three fourths of the units are actively engaged in securing external support for their activities. While the level of unit activities supported by external funds varies greatly, on average (using median values) it accounted for about 15% of unit finances, down from 25% in 1998. The median operating budget of units from all sources of funding is approximately \$587,000 (US).

IV. Personnel

The personnel section begins with a profile of the unit director and then profiles unit faculty and professional and scientific staff. Table 7 shows the distribution of directors' characteristics including highest degree, administrative title, faculty title, and tenure status.

Table 7. Directors' Characteristics

<u>Highest Degree</u>	<u>N</u>	<u>Percentage</u>
Ph.D.	30	67
Ed.D.	9	20
M.D.	2	4
MD/MEd	1	2
M.A./M.S.	3	7
<u>Administrative Title</u>		
Director	30	65
Vice Dean	2	4
Associate Dean	6	13
Assistant Dean	6	13
Other (Includes dual titles)	2	4
<u>Faculty Title</u>		
Professor	20	44
Associate Professor	7	15
Assistant Professor	14	30
Instructor	1	2
Other/Left Blank	4	9

(Director, continued)

<u>Tenure</u>	<u>N</u>	<u>Percentage</u>
Yes	19	42
No	26	58

Over 67% of the directors had a Ph.D., and 20% had an Ed.D. The most frequent administrative title was Director (65%), and the most frequent faculty title was Professor (44%). Forty-two percent of the directors had tenure.

Table 8 shows the distribution of directors' longevity in medical education, in their institution, and as director of their unit, and the distribution of directors' ages.

Table 8. Directors' Experience and Age

# Years:	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
In Medical Education	46	3	15	20	24	33	19	7
In Institution	46	1	5	10	22	33	13	9
As Director	46	1	3	6	10	27	8	6
Age	45	36	45	51	55	66	50	7

The typical director has spent approximately 20 years in medical education, 10 of which were in his/her present institution. He/she has been director for 6 to 8 years and is about 50 years old.

The next part of the personnel section asked about the professional and support staff in the unit. The median size of a unit was a total of 3 core professional and 3 support staff members, as shown in Table 9.

Table 9. Number of Unit Staff (FTE)

<u>Staff</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
Core Professional Staff	46	0	2	3	6	19	4	4
Support Staff	44	0	1	3	5	15	4	4

Additional information was provided for 215 faculty/staff. Data on their highest degree, academic rank (if any), and tenure status are provided in Table 10.

Table 10. Characteristics of Professional Staff

<u>Highest Degree (N=214)</u>	<u>N</u>	<u>Percentage</u>
PhD or EdD	104	50
MD or MD/MEd	29	14
M.A./M.S. (or equivalent)	51	24
Bachelor's (or less)	26	12
<u>Faculty Title (N=107)</u>		
Professor	25	23
Associate Professor	36	34
Assistant Professor	29	27
Instructor/Other	17	16
<u>Tenure (N=213)</u>		
Yes	46	78
No	167	22

*Percentage based on the N provided for each category.

Fifty percent of the faculty/professional staff had a Ph.D. or Ed.D. The most frequent faculty title was Associate Professor (36%). Twenty-two percent had tenure.

Table 11 shows the distribution of faculty and professional staff members' years of medical education experience, annual salary (presented as 100% FTE), percent full-time equivalent (FTE), and age.

Table 11. Experience, Salary, and Ages of Professional Staff

# Years:	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
In Medical Education	209	0	4	8	15	42	11	8
Salary* (100% FTE)	182	18	40	55	70	187	60	28
% FTE	201	10	100	100	100	100	88	26
Age	178	25	38	48	54	79	46	10

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

The typical faculty or professional staff member has spent approximately 8 years in medical education, earns a salary of about \$55,000 (US), and works 100% FTE. He/she is about 47 years old.

The remainder of this section examines staff members' salary by various characteristics. Please note the following:

- Salaries are always presented as 100% FTE, regardless of actual % FTE worked, to make them comparable
- Salaries reported in Canadian dollars were converted to US dollars before being analyzed. (See technical notes on page 2 for details.)
- Salary data were provided for only 85% of the professional staff, so N's in the salary tables are smaller than those in the tables above

Table 12 shows the distribution of salaries for the 86 (36%) staff members with an academic rank/title.

Table 12. Unit Staff: Salary* by Faculty/Professional and Scientific Rank

<u>Position</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
Professor	18	54	80	95	117	166	96	26
Assoc Prof	29	52	66	73	125	187	88	36
Asst Prof	24	40	53	60	76	114	62	16
Other	15	30	38	52	73	91	52	18

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

Note: This table only includes those with an academic title.

As one would anticipate, salaries were higher for faculty with higher academic rank. The median salaries increased by approximately 22% to 30% from one rank to the next. The differentials from assistant to associate professor, and from associate to full professor, were \$13,000 and \$22,000, respectively.

Table 13 shows the distribution of salaries for unit staff by tenure status.

Table 13. Unit Staff: Salary* by Tenure Status

<u>Tenure</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
Yes	36	34	67	80	116	187	88	32
No	146	12	38	49	63	166	53	22

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

The median salary of tenured unit faculty and staff was \$31,000 (63%) higher than that of non-tenured unit staff.

Table 14 shows the distribution of salaries for unit faculty and staff divided according to their highest academic degree earned.

Table 14. Unit Staff: Salary* by Highest Degree

<u>Degree</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
PhD or EdD similar	97	24	52	60	79	166	65	22
MD or MD/PhD	16	47	66	117	147	187	105	43
MA, MS, MSW, MBA	43	20	37	46	55	80	46	13
BA, BS, RN	23	18	33	36	48	63	39	11

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

In general, salary increased with the level of the degree. In terms of median salaries, individuals with a master's degree earned \$10,000 more than those with a bachelor's degree. Faculty/staff with a Ph.D./Ed.D. earned about \$14,000 more than those with a

master’s degree. Those with an M.D. or MD/PhD earned about \$57,000 more than those with a Ph.D./Ed.D.

Table 15 shows the distribution of staff salaries by years of experience in medical education.

Table 15. Unit Staff Salary* by Years of Medical Education Experience

<u>Years in Medical Education</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
0-5	69	12	35	44	55	100	46	16
6-10	44	24	41	57	79	187	65	36
11-15	22	29	48	61	89	126	64	26
16-20	17	33	58	68	88	140	72	26
>20	25	49	63	77	94	166	80	25

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

As expected, median salaries increased as years of medical education experience increased. Increases ranged from \$4,000 to \$13,000.

Table 16 (a-d) gives a breakdown by years of medical education similar to Table 13, but after breaking out staff by the highest degree they had earned. [Note that the number of groups into which “years in medical education” is divided varies slightly across degree groupings. This was done to present the data in the clearest manner for each degree group (i.e., due to missing data, small n’s, etc.)]

Table 16. Unit Staff Salary* by Years of Medical Education Experience**16a. Only Personnel With PhD's or EdD's (or equivalent)**

<u>Years in Medical Education</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
0-5	31	12	42	52	62	100	52	17
6-10	25	24	47	60	71	91	58	17
11-15	9	34	58	62	.	115	67	24
16-20	11	54	63	79	103	118	76	18
>20	20	54	70	84	97	166	84	26

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

Compared to those with 0 to 5 years of experience in medical education, the median salaries among staff with at least ten years of experience were about \$10,000 (US) higher. Salaries of those with over twenty years' experience was about \$30,000 (US) higher than the least experienced group.

16b. Only Personnel With MDs or MD/PhDs (or equivalent)

<u>Years in Medical Education</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
<=10	8	47	99	133	.	187	120	50
>10	8	67	67	93	.	140	90	31

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

Personnel with MD degrees made about \$40,000 *less* if they had more than 10 years of experience in medical education than if they had 10 years' experience or less.

16c. Only Personnel With Master's Degrees (or equivalent)

<u>Years in Medical Education</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
0-5	22	20	34	41	55	80	43	15
6-10	7	34	37	46	.	68	46	13
>10	11	40	47	52	73	76	53	11

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

Among those with master's degrees, salary was about \$5,000 higher with each five years' additional medical education experience.

16d. Only Personnel With Bachelor's Degree (or equivalent, or less)

<u>Years in Medical Education</u>	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
0-5	13	18	30	35	50	61	36	10
6-10	6	24	37	42	.	55	40	10
>10	4	33	40	55	.	63	46	13

*In U.S. dollars x 1000; rounded

Note: Salaries reported in 100% FTE, regardless of the percent time worked

In general, staff with bachelor's degrees (or less education) made about \$3,000 to \$6,000 less than those with master's degrees who had similar levels of experience. As with master's-level staff, those with bachelor's degrees made approximately \$5,000 more with each additional five years of medical education experience.

V. Scholarship

The scholarship section of the survey was divided into four sections. The first asked for a listing of peer-reviewed articles published during the two-year period between January 1, 1998 and December 31, 1999.

Nineteen (41%) of the 46 respondents provided detailed information about their publications. They reported the publication of 155 articles in 59 peer-reviewed journals.

As shown in Table 17, 85 articles were in education-related journals. The journal most frequently identified was *Academic Medicine*, with 46 articles. The next most frequently occurring educational journals were *Teaching and Learning in Medicine* (10 articles), *Medical Teacher* (9 articles), *Evaluation and the Health Professions* (6 articles), and *Advances in Health Science Education* (5 articles). Various education-related journals accounted for the remaining 9 articles published in educational journals. Medical and specialty journals such as *Medical Decision Making* (5 articles) account for the other types of journals in which unit personnel published.

Table 17. Articles in Peer-Reviewed Journals During Two-Year Period of 1998-99

<u>Journal</u>	<u>Number of Articles</u>
<i>Academic Medicine</i>	46
<i>Teaching and Learning in Medicine</i>	10
<i>Medical Teacher</i>	9
<i>Evaluation and the Health Professions</i>	6
<i>Advances in Health Science Education</i>	5
<i>Journal of Continuing Education in the Health Professions</i>	3
<i>Journal of Cancer Education</i>	3
Other Education Journals	<u>3</u>
Total of Education Journals	85
<i>Medical Decision Making</i>	5
<i>Radiology</i>	3
<i>American Journal of Surgery</i>	4
Other Medical and Specialty Journals	<u>58</u>
Total of Medical and Specialty Journals	<u>70</u>
TOTAL	155

Respondents also provided 61 citations for other publications, such as books, chapters, reviews, editorials, papers, and other printed publications, during the same period of

time. Among the 19 units that provided their publication citations, the mean number of publications (of all types) per unit per year was 6.

The relatively low rate of publication per year per core staff member probably relates to the diverse roles assumed by staff in many units. Many units have personnel who are dedicated to service roles with little if any expectations for publishing. This may give a misleading image of the productivity of the research staff in the various units. In the future, it may be better to focus on productivity per each research staff member.

The third section requested the number of peer-reviewed presentations authored or co-authored by unit faculty/staff. A mean of 5 faculty/staff were first authors, and a mean of 6 were co-authors on such presentations.

The final section under Scholarship asked for the number of faculty/staff who were Principal Investigators (PIs) of externally funded grants or contracts and the number of staff who were supported by grants whose PIs were external to the unit.

As shown in Table 18, a mean of 2 faculty or staff per unit were PIs on at least one grant or contract (new or continuation). Unit PIs served on a mean of 3 grants per unit. A mean of 3 unit staff members were supported at least in part by grants whose PIs were from outside the unit.

Table 18. Average Number of PIs and Grants Per Unit

	<u>N</u>	<u>Min</u>	<u>25%</u>	<u>50%</u>	<u>75%</u>	<u>Max</u>	<u>Mean</u>	<u>SD</u>
# Staff who were PIs on grants	36	0	0	1	3	10	2	2
# Grants on which staff were PIs	33	0	0	2	4	14	3	4
# Staff supported by grants with PIs outside the unit	36	0	1	3	4	15	3	3

VI. Achievements at the National Level

Respondents were asked to indicate achievements which personnel from their unit accomplished in several areas. They were also asked to indicate the level of involvement for each selection.

Table 19 shows a summary of the various types of activities unit personnel are involved with as well as their level of involvement. These activities are divided according to participation in grant programs, the journal publication process, national professional meetings, and professional organizations.

Table 19. Achievements at National Level

19a. Participation in grants programs (principal investigator, staff, reviewer)

	Number			
	<u>Checked*</u>	<u>PI**</u>	<u>Staff**</u>	<u>Reviewer**</u>
	<u>N (%)</u>	<u>N (%)</u>	<u>N (%)</u>	<u>N (%)</u>
NIH	28 (39)	3 (17)	15 (83)	7 (39)
Foundation [‡]	21 (46)	7 (33)	12 (57)	4 (19)
HRSA	16 (35)	8 (50)	10 (63)	3 (19)
NLM	4 (9)	2 (50)	4 (100)	1 (25)
ACPHR	4 (9)	2 (50)	0 (0)	2 (50)
US Department of Education	4 (9)	2 (50)	2 (50)	0 (0)
Other [‡]	18 (39)	12 (67)	4 (22)	3 (17)

* Percent under "Number Checked" based on all 46 respondents; percentage indicates percent of responding units that participated in the program(s).

** PI, staff, and reviewer percentages are expressed as a percentage of those participating in the activity in **any** role.

[‡] Several units participated in more than one 'foundation' or 'other' grant; only the first listed was included here to avoid excessive details that might make it more difficult to see the general picture.

Units were most likely to be involved in NIH (39%), Foundation (46%), or HRSA (35%) grants. A large number (39%) also received funding from 'Other' sources, many of which were local or regional sources.

Typically, unit personnel were most likely to be involved in the grants as grant staff. Approximately half of the personnel were PI's.

**19b. Participation in Journal Publication Process
(author, manuscript reviewer, editorial board)**

	Number		Manuscript	Editorial
	<u>Checked*</u>	<u>Author**</u>	<u>Reviewer**</u>	<u>Board**</u>
	N (%)	N (%)	N (%)	N (%)
<i>Teaching and Learning in Medicine</i>	31 (67)	28 (55)	24 (77)	4 (13)
<i>Academic Medicine</i>	30 (65)	26 (87)	23 (77)	0 (0)
<i>Advances in Health Science Education</i>	15 (33)	10 (67)	12 (80)	3 (20)
<i>Medical Education</i>	14 (30)	3 (21)	13 (93)	1 (7)
<i>Evaluation and the Health Professions</i>	9 (20)	6 (67)	6 (67)	2 (22)
<i>Medical Teacher</i>	9 (20)	5 (6)	4 (44)	0 (0)
Other [‡]	16 (35)	10 (63)	10 (63)	4 (25)

* Percent under "Number Checked" based on all 46 respondents; percentage indicates percent of responding units that participated in the program(s).

** Author, manuscript reviewer, and editorial board percentages expressed as a percentage of those participating in the activity in **any** role.

[‡] Several units were involved with more than one 'other' journal; only the first listed was included here to avoid excessive details that might make it more difficult to see the general picture.

Participation in the publication process clearly was focused on *Teaching and Learning in Medicine* and *Academic Medicine*.

**19c. Participation in National Professional Meetings
(presenter, proposal reviewer, discussant, moderator/session chair)**

	Number Checked*	Presenter*	Proposal Reviewer**	Discuss- ant**	Moderator Session Chair**
	N (%)	N (%)	N (%)	N (%)	N (%)
RIME	34 (74)	25 (74)	28 (82)	9 (27)	9 (27)
Generalists in Medical Education	15 (33)	12 (80)	11 (73)	1 (7)	8 (53)
AERA	20 (43)	11 (55)	17 (85)	3 (15)	6 (30)
Other [‡]	21 (46)	21 (100)	9 (43)	4 (19)	4 (19)

* Percent under "Number Checked" based on all 46 respondents; percentage indicates percent of responding units that participated in the program(s).

Presenter, proposal reviewer, discussant, and moderator/session chair percentages are expressed as a percentage of those participating in **any role.

[‡] Several units were involved with more than one 'other' meeting; only the first listed was included here to avoid excessive details that might make it more difficult to see the general picture.

**19d. Participation in Professional Organization(s)
(member, officer in organization)**

	Number	Member**	Officer in
	Checked*		Organization**
	N (%)	N (%)	N (%)
GEA	39 (85)	39 (100)	10 (26)
AERA	31 (87)	31 (100)	4 (13)
SDRME	44 (96)	44 (100)	5 (11)
Other [‡]	25 (54)	25 (100)	9 (36)

* Percent under "Number Checked" based on all 46 respondents; percentage indicates percent of responding units that participated in the program(s).

** Member and "officer in organization" percentages are expressed as a percentage of those participating in either role.

[‡] Several units were involved with more than one 'other' organization; only the first listed was included here to avoid excessive details that might make it more difficult to see the general picture.

The results regarding participation in national professional meetings and organizations show the Research In Medical Education Conference and the Group on Educational Affairs of the AAMC to be the meeting and organization (excepting SDRME for obvious reasons) with the most participation of unit personnel.

Summary

This section was originally designed to document the impact that member units have had on their own institutions as well as in the discipline of medical education. From these results, it is apparent that the units are heavily tied into evaluation efforts at both the institutional and national level. Research efforts being engaged by these units have led to a reasonably high, but variable, level of publication activity. The current wave of new curricula being implemented in medical education centers are being heavily supported by these units, with all units being involved in curriculum planning and administration. In sum, member units serve a broad range of needs at their institutions while supporting in a very tangible way the creation of new knowledge in medical education. It is also difficult to quantify the synergistic effect of their very existence and their ability to keep the issue of medical education and its importance in the consciousness of faculty in the face of competing demands from research and patient care.

VII. Degree Granting Programs

The final section asked for a description of the degree granting programs offered by units, as well as courses that contribute toward degrees, certificates, etc. Three programs reported a program leading to a master's degree, often in conjunction with another department or school. Three programs offered certificates, fellowships, or courses that could be applied toward a degree (e.g., Masters, MD/PhD).

Conclusions

These data provide many insights into the infra-structure of the offices of Medical Education in North America. The documentation of productivity indices such as extra mural funding secured and number of publications will be useful information for the Society as it promotes the cause of its members. The information on the activities in which our units engage will be useful information in communicating with institutions who are considering establishing a unit. The salary data have been important for helping establish reasonable salary levels for newly created units and helping members argue for salaries in line with what unit personnel deserve.